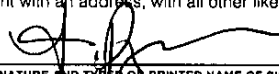


Verona Palms Homeowners' Association, Inc.

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90160 001 *2,266.25

DOCUMENT # N05000012925					
1. Entity Name VERONA PALMS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1245 SOUTH MILITARY TRAIL SUITE 100 DEERFIELD BCH, FL 33442			Mailing Address 1245 SOUTH MILITARY TRAIL SUITE 100 DEERFIELD BCH, FL 33442		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0587295	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, JUAN E 80 SW 8TH ST., SUITE 2550 MIAMI, FL 33130			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMPHRIES, MICHAEL 1245 SOUTH MILITARY TRAIL, SUITE 100 DEERFIELD BCH, FL 33442 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BRADY, DAVE 1245 SOUTH MILITARY TRAIL SUITE 100 DEERFIELD BEACH, FL 33442 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERTSON, KARL 1245 SOUTH MILITARY TRAIL, SUITE 100 DEERFIELD BCH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAPADIMITRIOU, AMALIA 1245 SOUTH MILITARY TRAIL, SUITE 100 DEERFIELD BCH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAUSMAN, CHRISTIAN 1245 SOUTH MILITARY TRAIL, SUITE 100 DEERFIELD BCH, FL 33442 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4/4/08		954-949-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	